36287-04300

BATESON, et al.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN

Att rney D ck t Number_

First Named Invent r

PAIENIAP		COMPLETE IF KNOWN								
(37 CFF	₹ 1.63)	Application Number	TBA							
☑Declaration ☐ Submitted OR	Declaration Submitted after Initial	Filing Date	TBA							
With Initial	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit	TBA							
Filing	required)	Examiner Name	TBA							
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND SYSTEM FOR PROVIDING STABLE VALUE										
the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant										
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy YES	Attached?					
				П						
		:]							
Additional foreign application	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label		27171		OR	٥	Correspondence address below		
Chris L. Holm, Esq.								
Name								
1 Chase Manhattan Plaza								
Address				 1-				
New York	NY					10005-1413		
City	State				ZIP			
USA		(212) 530				(212) 530-5219		
Country		Telepho				ax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	A petit	ion has	been fi	led for	this	unsigned inventor		
Given Name DOUGLAS F. Family Name BATESON or Surname								
Inventor's Signature DMG 2 BT	_			Date	91	5/03		
New York	NY		USA			US		
Residence: City	State		Count	ry		Citizenship		
10 Gracie Square								
Mailing Address								
New York	NY		10028			USA		
City	State	Zip				Country		
NAME OF SECOND INVENTOR: A po	etition has b	een file	d for th	is unsi	gned	l inventor		
Given Name (first and middle [if any])			ily Nam urname		ONFO	PRTH		
Inventor's Signature				Date	0	3/3/03		
Ridgewood				USA		US		
Residence: City	Residence: City State			Country Citizenship				
847 Aubum Avenue								
Mailing Address	1				 -			
Ridgewood	NJ		07450)		USA		
City	State		Zip Country		Country			

NAME OF THIRD INVENTOR: A P	etition has been file	ed for this unsigne	ed inventor	
Given Name PATRICK J. (first and middle [if any])		nily Name HELLE Surname	N	
Inventor's Signature) QQ	Date	9/3/03	
South Orange	NJ	USA	us	
Residence: City	State	Country	Citizenship	
69 South Centre Street				
Mailing Address				
South Orange	ИJ	07079	USA	
City	State	Zip	Country	
NAME OF FOURTH INVENTOR: A P	etition has been file	ed for this unsigne	ed inventor	
Given Name SCOTT A. (first and middle [if any])		nily Name KAY Surname		
Inventor's Signature)	Date	9/3/03	
Brooklyn	NY	USA	Australia	
Residence: City	State	Country	Citizenship	
632 Carlton Avenue #4				
Mailing Address				
Brooklyn	NY	11238	USA	
City	State	Zip	Country	
Additional inventors are being named on the	supplemental Addition	nal Inventor(s) sheet(s)	PTO/SB/02A attached hereto.	

[Page 3 of 3]

★ Total of 4 forms are submitted.

POWER OF ATTORNEY OR

PTC/SB/81 (8-03)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

BATESON et al.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Applicati n Number

First Named Inventor

Filing Date

AUTHORIZATION OF AGENT		Group Art Unit		TBA					
		Examiner Na		lame	•	TBA			
	Attorney Doo			cket	ket Number 36287-04300				
OR	oners at Ci	ustomer Number 271	71				ustomer Bar Code ere		
☐ Practitio	oner(s) nar	ned below: Name		1	Dociete	adiam Blassaha	_		
		Chris L. Holm				ation Numbe			
]		Lawrence T. Kass	 	├		39,227 10,671			
<u> </u>	<u>.</u>	Christopher J. Gaspar		╁		11.030			
<u> </u>		Frank A. Bruno				16,583			
as my/our a Trademark	ttorney(s) Office con	or agent(s) to prosecute the nected therewith.	application ide	entifie		•	business in the Patent and	1	
Please cha	ange the co	orrespondence address for	the above-ider	tified	application to:	:			
☐ The above-mentioned Customer Number. OR ☐ Practitioners at Customer Number OR Place Customer Number Bar Code Label here					r Bar Code				
Firm <i>or</i>	al Name	Chris L. Holm, Esq.							
Address		Milbank, Tweed Hadley &	McCloy LLP						
Address		1 Chase Mahattan Plaza							
City		New York	S	ate	NY	ZIP	10005-1314		
Country		United States							
Telephone		(212) 530-5000	F	ax	(212) 530-52) 530-5219			
☐ Assigr		erd of the entire interest. Se							
Certific	ate under	37 CFR 3.73(b) is enclosed							
	· · · · · · · · · · · · · · · · · · ·	·	E of Applicant	or A	ssignee of Re	cord			
Name	Douglas	F. Bateson	<i></i>						
Signature	Wo	yle I b	7						
Date	I	Car a	2012						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

★ Total of 4 forms are submitted.

DT-0/05/04 (0.00)

				U.	S. Patent and Trad	lemark (Office: I	J.S. DEPART	1/2002. OMB 0651-0035 MENT OF COMMERCE
Under the Pa	operwork Red	uction Act of 1995, no persons a	Application		i i	mation	umess	it displays a v	alid OMB control number
			Filing Date		1110 1				
POW	POWER OF ATTORNEY OR		First Name		, ptor	BATI	FSOI	V et al.	
AUTHO	ORIZAT	ION OF AGENT			7 11(0)	TBA		1010	
AOTIN	JNIEAI	ION OF ACENT	Group Art U			TBA			
l			Examiner N			3628	7.04	300	
$\overline{}$			Attorney Do	cket	Number	3020	7-04		
I hereby a	ppoint:					<u></u>			$\overline{}$
⊠ Practiti	oners at Cu	ustomer Number 271	71			Nu		ustomer Bar Code ere	
☐ Practiti	oner(s) nar	ned below:							<u></u> -
		Name	<u></u>		Registra	ition Nu	ımbei	·	
		Chris L. Holm			3	9,227			
		Lawrence T. Kass			4	0,671			
		Christopher J. Gaspar			4	1,030			
		Frank A. Bruno			4	46,583			
		or agent(s) to prosecute the nected therewith.	application id	entifie	d above, and to	o trans	act al	l business i	n the Patent and
Please ch	ange the co	orrespondence address for	the above-ider	rtified	application to:				
. —	bove-menti	oned Customer Number.				PI	ace C	Sustomer	
OR Practition	oners at Cu	stomer Number				•	umbei bel h	r Bar Code ere	
Firm or Individu	al Name	Chris L. Holm, Esq.							
Address		Milbank, Tweed Hadley 8	McCloy LLP						
Address		1 Chase Mahattan Plaza							
City		New York	s	tate	NY		ZIP	10005-13	14
Country		United States	· •		•	•			
Telephone		(212) 530-5000		Fax	(212) 530-52	19			
☐ Assig		or. ord of the entire interest. Se 37 CFR 3.73(b) is enclosed).				
					ssignee of Re	cord			
Name	Michael	H. Montorth			· · · · · · · · · · · · · · · · · · ·				
Signature	1/1/1	1/1/1/11			···				
Date	9/2	1 11/01 11 /							
NOTE: Sign	atures of	ill the inventors or assigned if more than one signature				t or the	eir rep	presentative	e(s) are required.
		es submitted			·	•			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (8-03)

Approved for use through 10/31/2002. OMB 0651-035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** Filing Date **POWER OF ATTORNEY OR** First Named Inventor BATESON et al. **AUTHORIZATION OF AGENT** TBA **Group Art Unit TBA Examiner Name** 36287-04300 **Attorney Docket Number**

I hereby appo	oint:				Plana C	ustomer			
	☑ Practitioners at Customer Number 27171					Bar Code			
OR ☐ Practitione	er(s) nam	ned below:		L	Label he	ere			
	Name Registration Number								
	*	Chris L. Holm		39,	227				
		Lawrence T. Kass		40,6	571				
		Christopher J. Gaspar		41,0	41,030				
		Frank A. Bruno		46,	583				
		or agent(s) to prosecute the application nected therewith.	identifie	d above, and to t	ransact al	Il business in the Patent and			
Please chang	ge the co	orrespondence address for the above-i	dentified	application to:					
The abov	/e-mentic	oned Customer Number.				Customer			
	ractitioners at Customer Number Label here								
☐ Firm <i>or</i> Individual N	Name	Chris L. Holm, Esq.							
Address		Milbank, Tweed Hadley & McCloy LL	-P						
Address		1 Chase Mahattan Plaza							
City		New York	State	NY	ZIP	10005-1314			
Country		United States							
Telephone]	(212) 530-5000	Fax	(212) 530-5219					
I am the:									
Applicant			•			•			
•		rd of the entire interest. See 37 CFR 3 37 CFR 3.73(b) is enclosed. (Form PT)		1					
Ceruncate	9 Uriuer C	SIGNATURE of Applic			-d				
Name F	Catriole I			29181100 01 1/000		<u> </u>			
Signature F	Patrick J.	. Hellen	1	/					
Date	1 2 2 2								
	res of a	Il the inventors of assignees of recor	rd of the	entire interest o	r their rep	presentative(s) are required.			
	e forms i	if more than one signature is require				· · · · · · · · · · · · · · · · · · ·			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Total of 4 forms are submitted.

PTO/SB/81 (8-03)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(Applicati	n Nu	mber				
POWER OF ATTORNEY OR		Filing Da	te						
		First Nan	ned In	vent r	BATESC	N et al.			
AUTHO	ORIZAT	ION OF AGENT	Group Art	Unit		ТВА			
	Exa		Examiner	Name		TBA			
			Attorney [Docket	Number	36287-0	4300		
OR	oners at Cu	ustomer Number 271	71				Customer er Bar Code eere		
		Name			Registra	tion Number	ər]	
ľ		Chris L. Holm			3	9,227		1	
		Lawrence T. Kass		+	4	0,671		1	
		Christopher J. Gaspar			4	1,030		1	
[Frank A. Bruno			40	6,583		l	
as my/our a Trademark	ittorney(s) o Office conr	or agent(s) to prosecute the nected therewith.	application i	identifie	ed above, and to	o transact a	all business i	n the Pater	nt and
Please cha	ange the co	orrespondence address for	the above-id-	entified	application to:				
☐ The at	bove-menti	ioned Customer Number.				Place	Customer		
OR Practitioners at Customer Number OR				er Bar Code					
Firm or Individua	al Name	Chris L. Holm, Esq.							
Address		Milbank, Tweed Hadley &	McCloy LLF	>					
Address		1 Chase Mahattan Plaza							
City		New York		State	NY	ZIP	10005-131	14	
Country		United States							
Telephone		(212) 530-5000		Fax	(212) 530-52	19			
☐ Assign		or. ord of the entire interest. Se 37 CFR 3.73(b) is enclosed).				
					ssignee of Re	cord			
Name	Scott A.	Kay							
Signature	pro	It lens							
Date	9/	3/03							
NOTE: Signa Submit multi	atures of a ple forms	all the inventors or assigned if more than one signature	es of record	of the	entire interest elow*.	or their re	presentative	e(s) are rec	quired.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.